

Case Number:	CM14-0017983		
Date Assigned:	04/16/2014	Date of Injury:	06/01/1994
Decision Date:	03/19/2015	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a year old male, who sustained an industrial injury on June 1, 1994. He has reported pain of the left hip and left knee. The diagnoses have included left knee lateral meniscus tear, lumbar radiculopathy. Treatment to date has included physical therapy, rest, medications, radiological imaging. Currently, the IW complains of left hip and left knee pain, with radiation down the left leg into the left foot. He reports feeling pain daily, and continues to work full time. He reports experiencing some numbness and tingling of the left leg on occasion. He has a positive Faber's test on the left, and limited range of motion at the hip of internal 30 degrees, and external 35 degrees, and a negative straight leg raise test. The records indicate a magnetic resonance imaging of the lumbar spine dated July 26, 2013, reveals disc bulging, and spondylosis, and magnetic resonance imaging of the lumbar spine dated December 9, 2013, is within normal limits. Physical therapy is noted to have been helpful. On January 23, 2014, Utilization Review non-certified left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance, based on MTUS, Chronic Pain Medical Treatment guidelines. On February 5, 2015, the injured worker submitted an application for IMR for review of left L4-5 and L5-S1 transforaminal epidural steroid injection under fluoroscopy guidance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left L4-5 And L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopy

Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

Decision rationale: The Requested LEFT L4-5 AND L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY GUIDANCE is not medically necessary. Chronic Pain Medical Treatment Guidelines, p. 46, Epidural steroid injections (ESIs) note the criteria for epidural injections are "1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)." The injured worker has left hip and left knee pain, with radiation down the left leg into the left foot. The treating physician has documented a positive Faber's test on the left, and limited range of motion at the hip of internal 30 degrees, and external 35 degrees, and a negative straight leg raise test. The records indicate a magnetic resonance imaging of the lumbar spine dated July 26, 2013, reveals disc bulging, and spondylosis, and magnetic resonance imaging of the lumbar spine dated December 9, 2013, is within normal limits. The treating physician has not documented physical exam evidence indicative of radiculopathy such as deficits in dermatomal sensation, reflexes or muscle strength; nor positive imaging and/or electrodiagnostic findings indicative of radiculopathy. The criteria noted above not having been met, Left L4-5 And L5-S1 Transforaminal Epidural Steroid Injection Under Fluoroscopy Guidance is not medically necessary.